

	Local Education	onal Agency Informati	
Name of Local Educational Agency Mundo Verde Bilingual Public Charter School		Name of LEA Executive Director (Public Charter Schools Only) Kristin Scotchmer	
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Full Address of Local Educational Agency		Email Address of LEA Executive Director (Public Charter Schools Only)	
3220 16th St NW Washington, DC 20010		kscotchmer@mundoverdepcs.or	3
		Talankana Northan of LEA Free white Discreton (Dublic Charter Cabacle Out)	
Main Telephone Number of Local Educational Agency 202-630-8373		Telephone Number of LEA Executive Director (Public Charter Schools Only) 202-630-8373	
Name of Primary LEA Contact for Consolidated Application Programs		Name of Additional LEA Contact for Consolidated Application Programs	
Stephanie Snyder		Anna Johnson	
Position Title of Primary LEA Contact for Consolidated Application Programs		Position Title of Additional LEA Contact for Consolidated Application Programs	
Finance Specialist		Director of Operations	
stephanie@ed-ops.com		ajohnson@mundoverdepcs.org	
Telephone Number of Primary LEA Contact for Consolidated Application Programs		Telephone Number of Addit	tional LEA Contact for Consolidated Application Programs
615-887-8068		202-630-8373	
Part 2: Progra	ms for Which	the LEA is Applying fo	r Funding
LEA Allocation for Title I, Part A \$ 68,566.00	LEA Allocation fo	18,318.72	LEA Allocation for Title III, Part A
Part 3: Schedu	le for Submiss	ion of Reimbursemen	t Requests
Please indicate, by checking the applicable box below, the scheincluding the "Tydings" period) for submitting reimbursement federal funds. From among these options, the LEA has the flexi	requests for all g	rants included in this app	lication in order to maintain regular drawdowns of
Monthly (12 workbooks per year)	Bi-Monthly (6 w	orkbooks per year)	Quarterly (4 workbooks per year)
			X
Pari	t 4: LEA Certif	ication of Application	
By signing below, the Applicant certifies that all of the informa Additionally, the Applicant certifies that it has read and agrees	ation contained ir	n this application is true ar	
Name of Individual Certifying Phase II Application (Board Chairperson or C	Chancellor only)	Signature of Individual Cert	ifying Phase II Application
Sara Elliott		Smuth	
Title of Individual Certifying Phase II Application (Board Chairperson or Cha	ancellor only)	Date of Certification (input	at the time of signature)
Chairperson of the Board of Directors		9.16.2013	
SUBMIT <u>BOTH</u> A MICROSOFT EXCEL VERSION OF THIS FU	JLL WORKBOOK A	ND A SIGNED, SCANNED CO	PY OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV.
	OSSE	Use Only	
Date Phase II Application First Received:			
Date Phase II Application Approved (first date for reimbursement):			